time before switching were examined. Descriptive and Chi-Square statistical analyses were conducted to determine if differences existed among the three cohorts. **RESULTS:** A total of 1242 patients were analyzed: 490 (39.4%) infliximab plus MTX; 607 (48.9%) etanercept plus MTX; and 145 (11.7%) adalimumab plus MTX. Over two-thirds of the patients were female and the mean age was 50.0 years. The Charlson Co-morbidity Index and disease staging were similar among the three cohorts. During the 12 months follow-up, 39 patients (7.9%) in the infliximab plus MTX cohort switched compared to 72 patients (11.9%) in the etanercept group and 23 patients (15.9%) in the adalimumab group. Chi-Square analyses indicated the differences were statistically significant ($p < 0.05$) as compared to the infliximab plus MTX cohort. The infliximab group had an average time of 195.9 days before switching, compared to 183.1 days in the etanercept group, and 165.3 in the adalimumab group; this was not statistically significant. **CONCLUSION:** The rate of switching and time before switching are important measures of the effectiveness of RA treatment in real world practice. This study found that infliximab plus MTX is associated with a longer time before switching and a significantly lower switching rate, as compared to the other anti-TNFs. Further studies are needed to evaluate the impact of switching on clinical and economic outcomes.

PAR17

A COMPARISION OF THERAPEUTIC PERSISTENCE AMONG ANTI-TUMOR NECROSIS FACTORS (ANTI-TNFS) IN THE TREATMENT OF RHEUMATOID ARTHRITIS

Tang B[1], Dabbous O[1], Meissner BL[2], Thompson H[1], Rahman M[1]
[1]Centocor, Inc, Horsham, PA, USA, [2]Xcenda, Palm Harbor, FL, USA

OBJECTIVES: To evaluate persistence of anti-TNF treatment among rheumatoid arthritis (RA) patients utilizing a managed care database. **METHODS:** A retrospective study utilizing the PharMetrics managed care claims database was conducted. The first anti-TNF (infliximab, etanercept, or adalimumab) encounter (index date) among RA patients between January 1, 2001 and January 1, 2004 was identified. Patients were required to have a minimum of 12-months of continuous plan eligibility prior to and following their index biologic date. Three mutually exclusive cohorts were developed based on their index biologic; infliximab plus methotrexate (MTX); etanercept plus MTX; and adalimumab plus MTX. Anti-TNF persistence (%) was defined as the number of days between the first biologic prescription and their last biologic encounter, divided by 365 and multiplied by 100. Both univariate and multivariate analyses were applied to determine if differences in persistence existed between the three cohorts. **RESULTS:** A total of 1242 patients were analyzed consisting of 490 (39.4%) infliximab plus MTX; 607 (48.9%) etanercept plus MTX; and 145 (11.7%) adalimumab plus MTX. Over two-thirds of the patients were female and the mean age was 50.0 years. The Charlson Co-morbidity Index and disease staging were consistent among the three cohorts. The infliximab plus MTX cohort was more persistent [78.0% than the other 2 cohorts (etanercept plus MTX 73.6% and adalimumab plus MTX 70.8%)] and was statistically significant ($p < 0.05$). After adjusting for potential confounding variables (age, gender, Charlson co-morbidity index and disease severity), infliximab patients had 5.4% more persistence than etanercept ($p < 0.01$), and 7.0% more than the adalimumab group ($p < 0.05$). Etanercept patients were more persistent than the adalimumab group, however, the difference was not significant ($p > 0.05$). **CONCLUSION:** These results indicate that patients on infliximab plus MTX are more persistent with anti-TNF therapy, compared to other anti-TNFs. Further studies are needed to evaluate the impact of persistence on clinical outcomes.

PAR18

A FIVE-YEAR LONGITUDINAL ANALYSIS COMPARING DOSE CHANGES FOR PATIENTS WITH RHEUMATOID ARTHRITIS TAKING INFLIXIMAB IN A MEDICARE AND IN A COMMERCIALLY INSURED POPULATION

Nair K[1], Tang B[2], Van Den Bos J[3], Zhang V[3], Saseen J[1], Rahman M[2]
[1]University of Colorado at Denver and the Health Sciences Center, Denver, CO, USA, [2]Centocor, Inc, Horsham, PA, USA, [3]Milliman, Inc, Denver, CO, USA

OBJECTIVES: To compare dosing stability and dose changes, through a retrospective database analysis, for rheumatoid arthritis (RA) patients taking infliximab over five years. **METHODS:** We utilized medical and pharmacy claims data from the Medstat MarketScan database. The sample consisted of "new starts" for infliximab users in the commercial and Medicare population: (a) with a diagnosis of Rheumatoid Arthritis (RA) (ICD-9 714.xx), (b) who had at least three documented administrations of infliximab between 1999 and 2005, (c) who had no prescription history for any TNF blocker for a 6 month period prior to the index infusion, and, (d) who were continuously enrolled for a minimum of 365 days after their index infusion. We examined the proportion of infliximab users who showed an increase, decrease, or no change in dose over time in both groups. **RESULTS:** Medicare infliximab users (n = 729) were older (mean age = 73 years) with higher co-morbid scores (mean score = 9.71) than commercial users (n = 1903, mean age = 50 years, mean score = 3.83). Following the index infusion, 30.4% of commercial and 17.7% of Medicare users showed no change; 24.6% of commercial and 43.1% of Medicare users showed a decrease; and 44.9% of commercial and 39.2% of Medicare members showed an increase in their dose. For the five-year period, the total average dose change between the first and last infusion was 24 mg for the Medicare group and 44 mg for the commercial group. Medicare members also had a lower starting dose than commercial members (328 mg vs. 366 mg). **CONCLUSION:** This study demonstrates that there is dose stability in RA patients treated with infliximab, as the dose changed on average, by less than 3% per year over the five-year period. Further research is needed to evaluate the impact of dose changes on clinical and economic outcomes.

PAR19

ARTHRITIS AND HEALTH-RELATED QUALITY OF LIFE AMONG ADULTS IN OHIO

Kim SH
Florida International University, Miami, FL, USA

OBJECTIVES: Clinicians have long observed a link between physical pain and a compromised quality of life among the clinical population. However, little is known about the association between arthritis and the quality of life in the general population. This study is designed to identify the impact of arthritis on the quality of life among adults. **METHODS:** The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based, random-digit-dialed telephone survey of the non-institutionalized U.S. population aged 18 years and older. The Ohio BRFSS-2005 survey, containing 7498 adults was analyzed. As a measure of Health–Related Quality of Life, the number of "unhealthy days" during the preceding 30 days was surveyed. All information was self-reported. **RESULTS:** Approximately the same proportion of adults in different age groups experienced at least one physical unhealthy day in the general adult population (35.6%, 18–44 years old; 37.3%, 45–64 years old; 36.3%, 65 years old